	PAIENI	APPLICATI Effe		ober 1, 20		ION RECC	RE	'	10	82	9392	
	-	CLAIMS A	S FILED (Colum	.,	(Col	umn 2)		SMALL TYPE	ENTITY	OF		R THAN ENTITY
T	OTAL CLAIMS	23		1			RATE	FEE		RATE	FEE	
F	DR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 385.0	20 OF	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	23"	ninus 20=	• 3			XS 9=		OF	X\$18=	.54
IN	NDEPENDENT CLAIMS			4 minus 3 =		• /		X43=		OF	X86=	86
M	ULTIPLE DEPE	PENDENT CLAIM PRESENT										
- 1	the difference	e in column 1 is	less than :	zero, enter	'0" in	column 2	į	TOTAL		OF		9/0
) , _ c	LAIMS AS	AMENDE	D - PART	11			TOTAL	<u> </u>		OTHER	ш.
1	MOT	(Column 1)		(Calum		(Column 3)		SMALL	. ENTITY	OR	SMALL	
AMENDMENT A	3/3/106	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	L.	RATE	ADDI- TIONAL FEE
	Total	- 29	Minus	1-2-	3	- 0		X\$ 9=		OR	XS	300 0
AME	Independent	. 5	Minus	- 5	Z	= / .	ı	X43=		OR	X96=	2016
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+145=	1		+290=	
	n .						L	TOTAL		OR	TOTAL	2 111.0
/	(Column 1) (Column 2) (Column 3)						P	ODIT. FEE	<u> </u>		ADDIT. FEE	9000
AMENDMENT B	9/06/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST A ISLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	. 43	Minus	-29	7	- 14		X\$ 9=		OR	X\$18=	70.0.
	Independent	. 6	Minus	5		- /.	1	X43=,		OR	200.00	200.4
	MHSI PHESE	NTATION OF MI	ULTIPLE DE	PENUENTC	LAIM			+145=		OR	+290=	
			,			•	L.	TOTAL		OR	TOTAL	900.
		(Column 1)		(Column	r 2)	(Column 3)		DDIT. FEE ·	· · ·		ADDIT. FEE	•
		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	IT R SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		•	r	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***			-	X43=		1.1	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT C	LAIM		1			OR		
. 11	the entry in cohe	nn 1 is less than th	e entry in eah	imn 2. write 10	'in co	uma 3.	L	+145=		OR	+290=	
- [the "Highest Nun	nber Previously Pa nber Previously Pa	id For IN TH	IS SPACE is le	ss that	20, enter "20."	AE	TOTAL OIT. FEE		OR	TOTAL DOIT. FEE	

FORM PTO-875 (Rev. 10/03)

Application or Docket Number

Patient and Trademate Office, U.S. DEPARTMENT OF COMMERCE

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